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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/767,329 Confirmation No. 6227
Applicants : Sean D. Monahan et al.
Filed : 01/29/2004
Art Unit : 1615
Examiner : Vanik, David L.
Docket No. : Mirus.041.01
For: Protein and Peptide Delivery to Mammalian Cells In Vitro

Commissioner of Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. § 1.111

Dear Commissioner:

This Amendment responds to the Office Action dated May 17, 2006. Kindly amend the application as follows:

A Listing of the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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PTO/SB/21 (09-04)

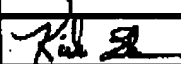
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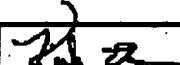
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/767,329	
	Filing Date	01/29/2004	
	First Named Inventor	Sean D. Monahan	
	Art Unit	1615	
	Examiner Name	Vanik, David L.	
Total Number of Pages in This Submission	6	Attorney Docket Number	Mirus.041.01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks Reply to Office Action dated 5/17/2006	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Mirus Bio Corporation		
Signature			
Printed name	Kirk Ekena		
Date	08/14/2006	Reg. No.	56,672

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kirk Ekena	Date	08/14/2006

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